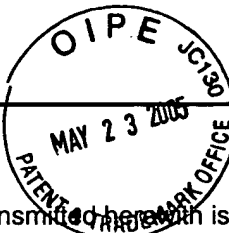
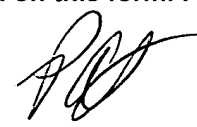
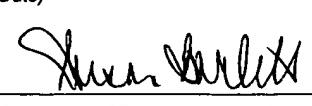


AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. Garnier-1	
Applicant(s): Garnier						
Application No. 09/582,049	Filing Date 9/18/2000	Examiner Ngoc Yen M. Nguyen	Customer No. 28581	Group Art Unit 1754	Confirmation No. 6845	
Invention: SILICON REFINING METHOD AND INSTALLATION						
 <div style="display: inline-block; text-align: right;"> RECEIVED MAY 26 2005 OFFICE OF PETITIONS </div>						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	12 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-2061 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: 5/20/2005			
Paul A. Schwarz Reg. No. 37,577 Duane Morris LLP P.O. Box 5203 Princeton, NJ 08543-5203 609-631-2446			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 5/20/2005 (Date) </div> <div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> Susan Barlett Typed or Printed Name of Person Mailing Correspondence </div> </div>			
CC:						

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)Applicant(s): **Garnier**

Docket No.

Garnier-1

Application No.

09/582,049

Filing Date

9/18/2000

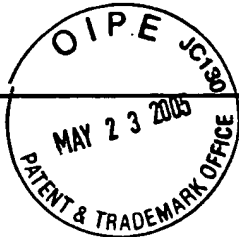
Examiner

Ngoc Yen M. Nguyen

Customer No.

28581

Group Art Unit

1754Invention: **SILICON REFINING METHOD AND INSTALLATION****RECEIVED**
MAY 26 2005
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I hereby certify that this Petition to Revive; amendment and transmittal; cert. of mailing; postcard
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5/20/2005
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Susan Barlett

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/27/05</u>		2 Serial/Patent # <u>09/582,049</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>5/23/05</u>	\$ <u>1020.</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
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	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ <u>1020.</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>0</td><td>6</td><td>1</td></tr></table>			5	0	--	2	0	6	1
5	0	--	2	0	6	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>The Extension of Time period is over. No fee is due</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Terin Dingle</u>		TITLE: <u>PARA/CA</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(571) 272-3210</u>									
OFFICE: <u>Pet/CA</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/28/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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